

# **NOTIFICATION OF DEMOLITION AND RENOVATION**

<b>I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)</b>				
<b>OWNER:</b>				
rcpi landmark properties llc				
Address: 45 rockefeller plaza				
City: ny	State: ny	Zip: 10111		
Contact: mathew cledaras		Telephone: 2125888657		
<b>REMOVAL CONTRACTOR:</b>				
Northstar Contracting Group Inc				
Address: 32 Williams Parkway				
City: East Hanover	State: NJ	Zip: 07936		
Contact: Paul Mast		Telephone: (973) 772-3660		
<b>OTHER OPERATOR:</b>				
Address:				
City:	State:	Zip:		
Contact:				
<b>II. TYPE OF NOTIFICATION (O-Original / R-Revised):</b>				
R				
<b>III. TYPE OF OPERATION (D-Demolition / R-Renovation):</b>				
R				
<b>IV. IS ASBESTOS PRESENT? (yes/no):</b>				
YES				
<b>V. FACILITY DESCRIPTION (Include building name, number and floor or room number):</b>				
Bldg Name: 45 Rockefeller plaza				
Address: 45 rockefeller plaza				
City: ny	State: ny	County: manhattan		
Site Location: sub basement store rm, concourse bathrooms				
Building Size	Sq.Meter:	Sq.Ft. 30,000	# of Floors: 30	Age in Years: 60
Present Use: commercial		Prior Use: commercial		
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>				
Materials assumed to be asbestos determined by PLM analysis by client.				
<b>VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ABESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.</b>				
			Nonfriable Asbestos Material Not to Be Removed	
	RACM To Be Removed	Category I	Category II	
Pipes - Linear Feet	280 lf			
Pipes - Linear Meters				
Surface Area - Square Feet				
Surface Area - Square Meters				
Volume RACM off Facility Component - Cubic Feet				
Volume RACM off Facility Component - Cubic Meter				
<b>VIII. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY)</b>		Start:	04/25/16	Completion: 12/30/16
<b>IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)</b>		Start:		Completion:

continued on page two

Figure 1. Notification of Demolition and Renovation

**NOTIFICATION OF DEMOLITION AND RENOVATION (continued)**

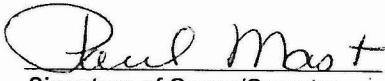
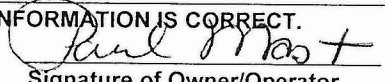
<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>			
asbestos abatement following nycdep regulations and variances			
<b>XI. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:</b>			
negative pressure containments wet methods decon units, airless sprayers. Following nycdep regulations			
<b>XII. WASTE TRANSPORTER #1</b>			
Name:		Vandan disposal	
Address:		1009 gen cove ave	
City:	glen cove	State:	Ny      Zip: 11545
Contact Person:		Telephone #: 718 991 2828	
<b>WASTE TRANSPORTER #2</b>			
Name:			
Address:			
City:		State:	
Contact Person:		Telephone #:	
<b>XIII. WASTE DISPOSAL SITE</b>			
Name:		minerva landfill	
Address:		8955 minerva rd	
City:	waynesburg	State:	ohio      Zip: 44688
Telephone:		3308663435	
<b>XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>			
Name:		Title:	
Authority:			
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):	
<b>XV. FOR EMERGENCY RENOVATION</b>			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:			
<b>XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.</b>			
Stop work, regulate area, institute proper engineering controls, wet materials and double bag.			
<b>XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)</b>			
 Signature of Owner/Operator		_____ Date	
04/18/16			
<b>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>			
 Signature of Owner/Operator		_____ Date	
04/18/16			

Figure 1. Notification of Demolition and Renovation